

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15956

1. PLACE OF DEATH

42 County Henry
Township Shawnee
City Chilhowee (No. _____)

Registration District No. 358
Primary Registration District No. 2502

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Walter Lewis Beaty

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvina Beaty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>56</u>	<u>2</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Apr 23-32 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) near Chilhowee 1
(STATE OR COUNTRY) Mo

13. NAME Lewis Beaty

14. BIRTHPLACE (CITY OR TOWN) near Chilhowee
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Francis Gillett

16. BIRTHPLACE (CITY OR TOWN) 31
(STATE OR COUNTRY)

17. INFORMANT Mrs Walter Beaty
(ADDRESS) Chilhowee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carsville Mo DATE May 8-32 19

19. UNDERTAKER Sweeney-Cook
(ADDRESS) Chilhowee Mo

20. FILED 5/10 1932 E. G. Hibler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1932, to May 6, 1932
I last saw him alive on May 5, 1932. Death is said to have occurred on the date stated above, at 12.30 hrs.
The principal cause of death and related causes of importance were as follows:

Cancer of Liver
465
1778 465 1778
Other contributory causes of importance:
Hemorrhage in to the bowel

Name of operation none Date of _____
What test confirmed diagnosis? Cholecyst Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. L. Beaty M. D.
(Address) Chilhowee Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1932

